

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042211

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 106

VS 300  
Rev. 4/59

0380

2380

3

4 0

5 1

6

7 1

8 2

9331X

10

11

12 - 0

13 - 0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Albany

Length of stay in 1b

3 1/2 months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Gentry County M. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Gentry

admission)

c. CITY

OR  
TOWN

Albany

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Homer

Middle

William

Last

Webster

4. DATE

OF  
DEATH

Month

11

Day

20

Year

62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3-22-1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Insurance &amp; Real Estate

10b. KIND OF BUSINESS OR INDUSTRY

Ins. &amp; R. Estate

11. BIRTHPLACE (City and state or country)

Lincoln, Nebraska

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William W. Webster

13b. MOTHER'S MAIDEN NAME

Helen Mars Radmore

14. NAME OF HUSBAND OR WIFE

Louise Hoffman Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dr. Louis Webster

Lincoln, Nebraska

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRO-VASCULAR ACCIDENT

INTERVAL BETWEEN  
ONSET AND DEATH

20 min

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

arteriosclerosis - cerebral

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July, 1962

to 11/20/62

and last saw him alive on

11/20/62

Death occurred at

3:45 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dermie Larson M.D.

22b. ADDRESS

Albany Missouri

22c. DATE SIGNED

11/21/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

11-23-62

23c. NAME OF CEMETERY OR CREMATORY

Ashland Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Brooks-Cochell Funeral Home, Albany, Mo.

25. DATE RECD. BY LOCAL REG.

11-23-62

26. REGISTRAR'S SIGNATURE

Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 28 1963

11-23-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.